

Event/Presentation/Special Project Request

Request For: Presentation Special Project Training Mock Election Voter Registration Other

Company/Organization Data

Company/Organization/Individual _____

Address _____ **Zip** _____

Telephone Number _____ **Alternate #** _____

Request Made By _____ **Position** _____ **Phone#** _____

Fax _____ **Email** _____

Contact Information

Primary Contact _____	Position _____	Phone# _____
------------------------------	-----------------------	---------------------

Fax _____ **Email** _____

Alternate Contact _____ **Title** _____ **Phone#** _____

Fax _____ Email _____

Event/Project Evaluation

Can Survey's be Distributed and or Completed on Site? Yes No

Event/Project Description *(Provide a description of the event/project activities. Include the name of the event or project.)*

Event/Project Information

Site/Location of Activity _____

Number of Participants/Attendees _____

Event Date(s) _____

Event Time(s) _____

Event Theme/Focus _____

Equipment Needed _____

Supplies/Materials/Literature Needed _____

Volunteers ☐ **Yes** ☐ **No** **If Yes, # of Volunteers** _____ **Names** _____

Requested BOE Services/Activities: *(Include any special instructions)*
